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# DoD Mortality Surveillance Division

MAJ Lisa Pearse, MD MPH  
Office of the Armed Forces Medical  
Examiner  
Armed Forces Institute of Pathology

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Surveillance



# Primary Mission

- Proactively collect reports of all DoD active duty deaths as they occur
- Investigate initial reports to be able to provide current, complete information to requesting chains of command
- Collect medical cause and circumstances of death for all cases, using all available sources (e.g. autopsy, toxicology, legal investigative reports)
- Maintain a database for surveillance, research into specific types/causes of death and trending



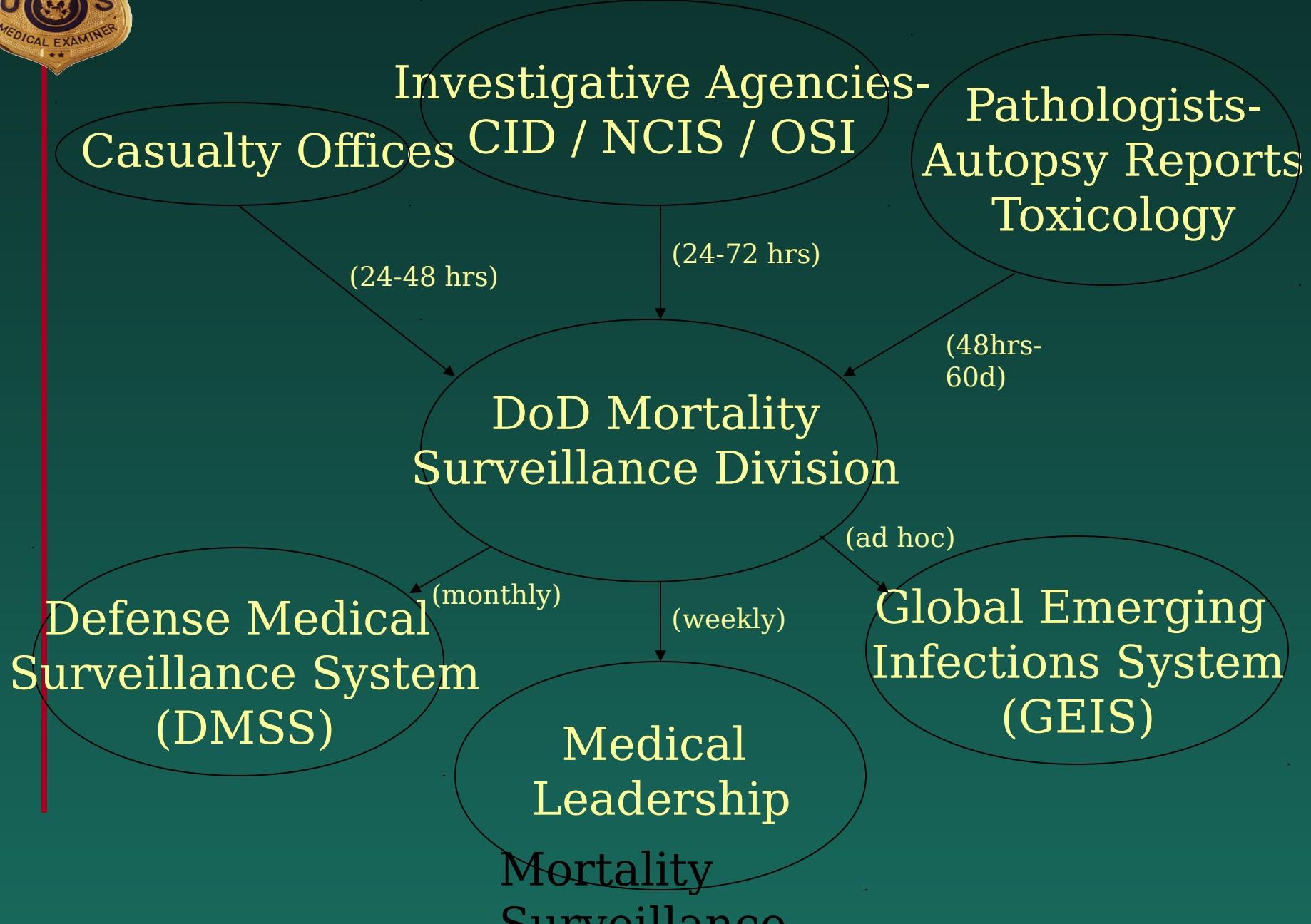
# DoD Casualty System

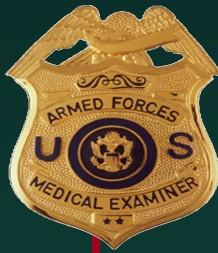
- The DoD casualty system:
  - provides notification and support for the family
  - provides return and disposition of the remains
  - provides military burial honors
  - arranges for payment of benefits
- The service casualty offices take care of the families
- They do NOT determine or track why servicemembers die

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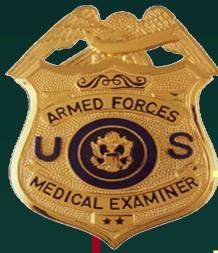
# Methods





# Registry Operations

- Daily message traffic from all 4 Service casualty offices since January '02
- Daily e-mail from CID; ad hoc contact with NCIS and OSI
- Calls to MTFs and civilian MEs for unclear cases
- Deaths in civilian jurisdiction sometimes problematic
- Weekly reports to Army & AF OTSG, BUMED and Health Affairs



# Mortality Registry: 1998- Current

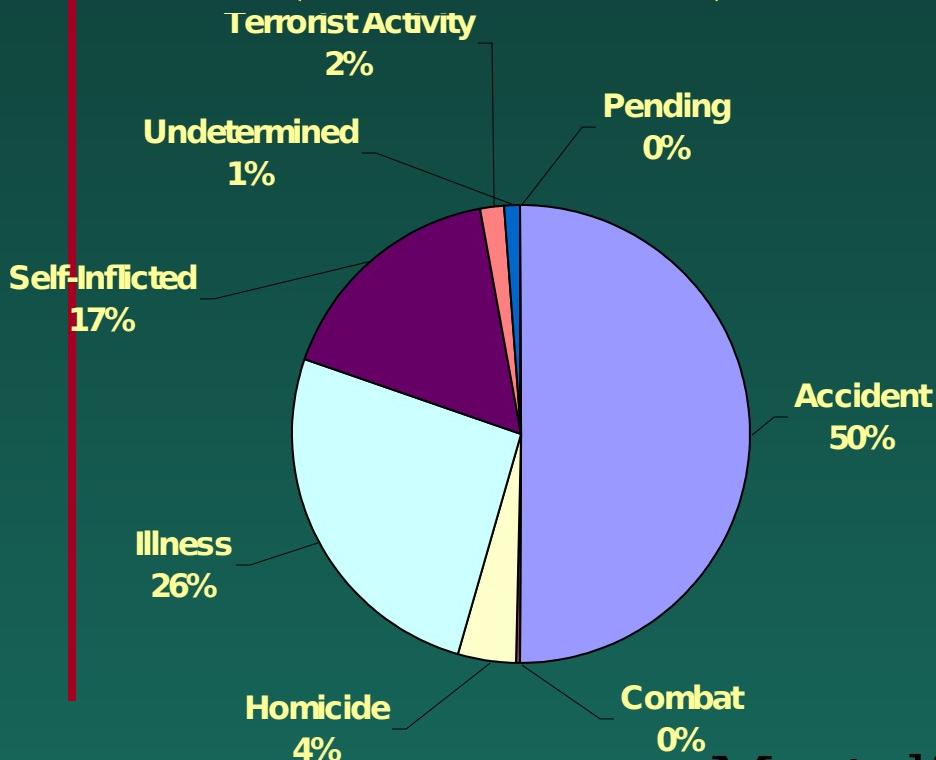
- Approximately 1000 servicemember deaths/year from 1998-2002
- 2003: 1482 (nearly 50% increase)
- Distribution 1998-2002 2003
  - Army 42% 54%
  - Navy 23% 17%
  - Marines 16% 14%
  - Air Force 19% 15%



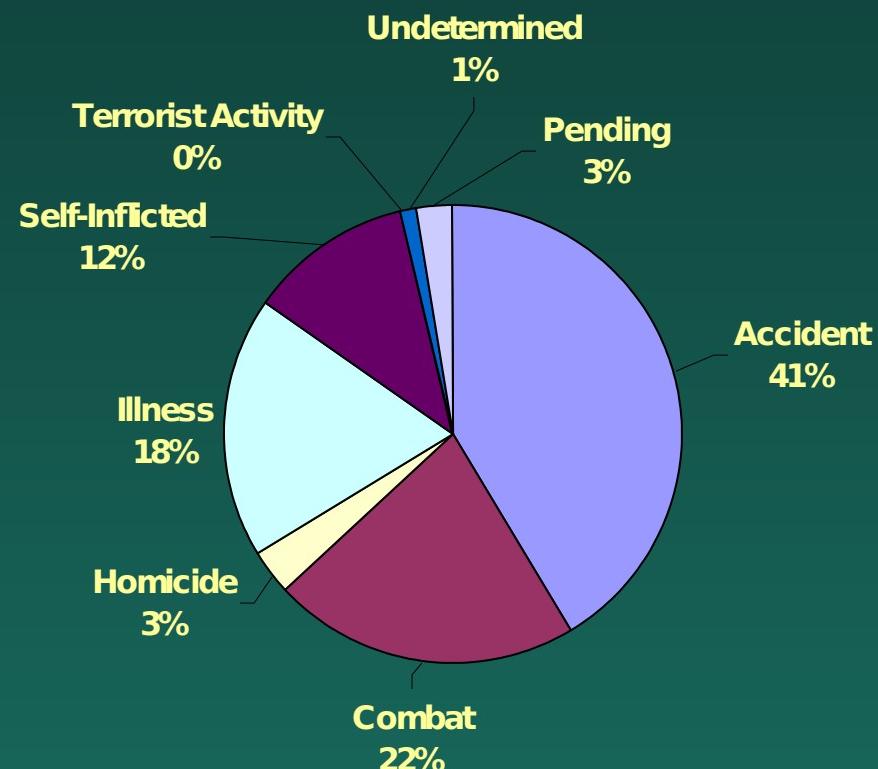
# Changing Mortality Patterns:

Prior to 2003

(1998-2002)



2003



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# Forensic Toxicology Division

- Performs toxicological analyses on all fatalities examined by OAFME
- Can detect mefloquine in all tissues except urine...but urine frequently used for baseline screening
- All OIF and OEF suicides evaluated by OAFME have been tested for mefloquine
- Doxycycline testing also possible



# Forensic Toxicology

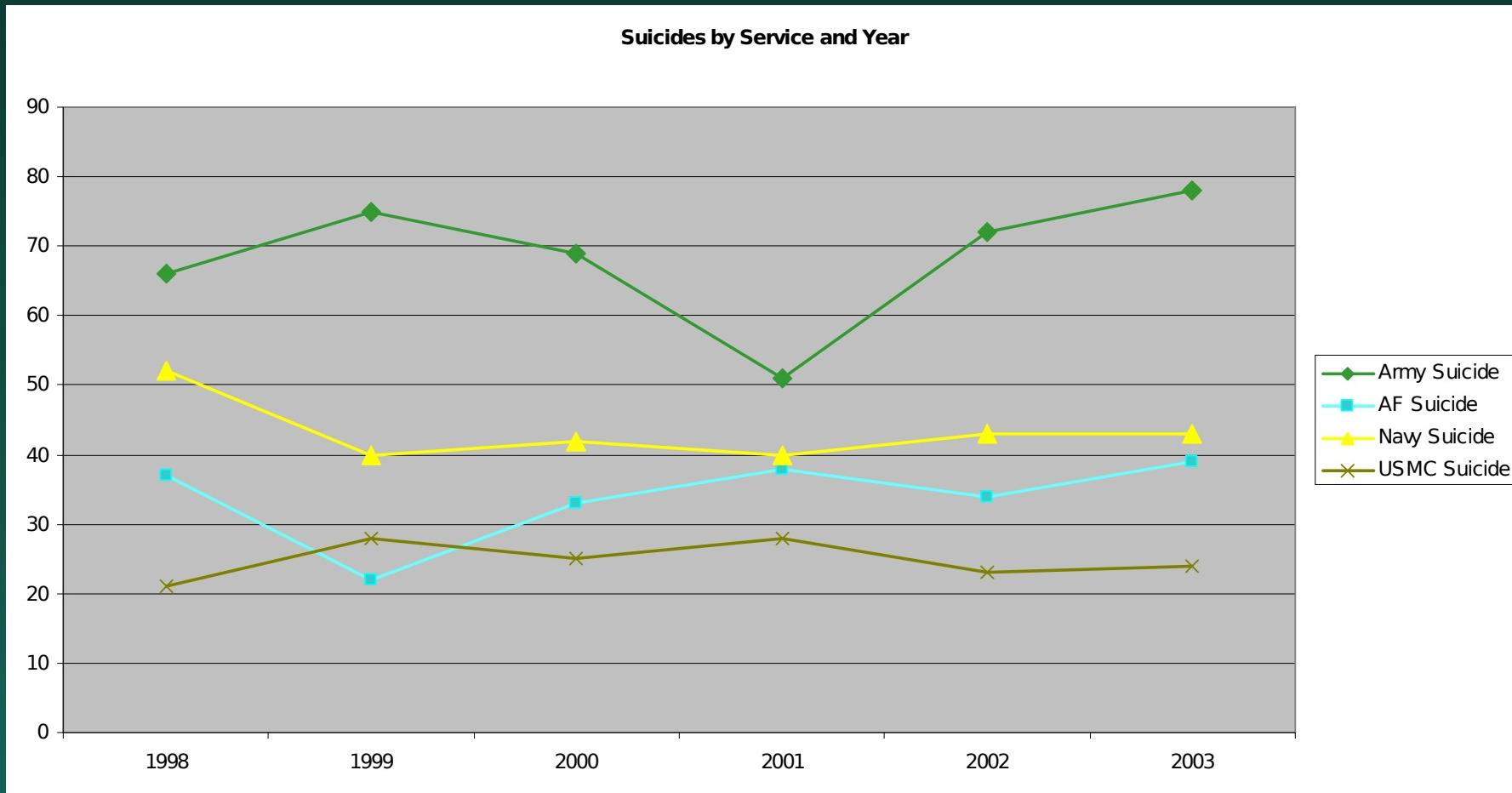
## Results

Sept 2001-13 Feb 2004

- 65 post-mortem specimens positive for mefloquine
- 43/65 (66%) were due to combat
- 17/65 (26%) were accidents
- 2/65 (3%) were suicides
- 1 each homicide, illness and pending



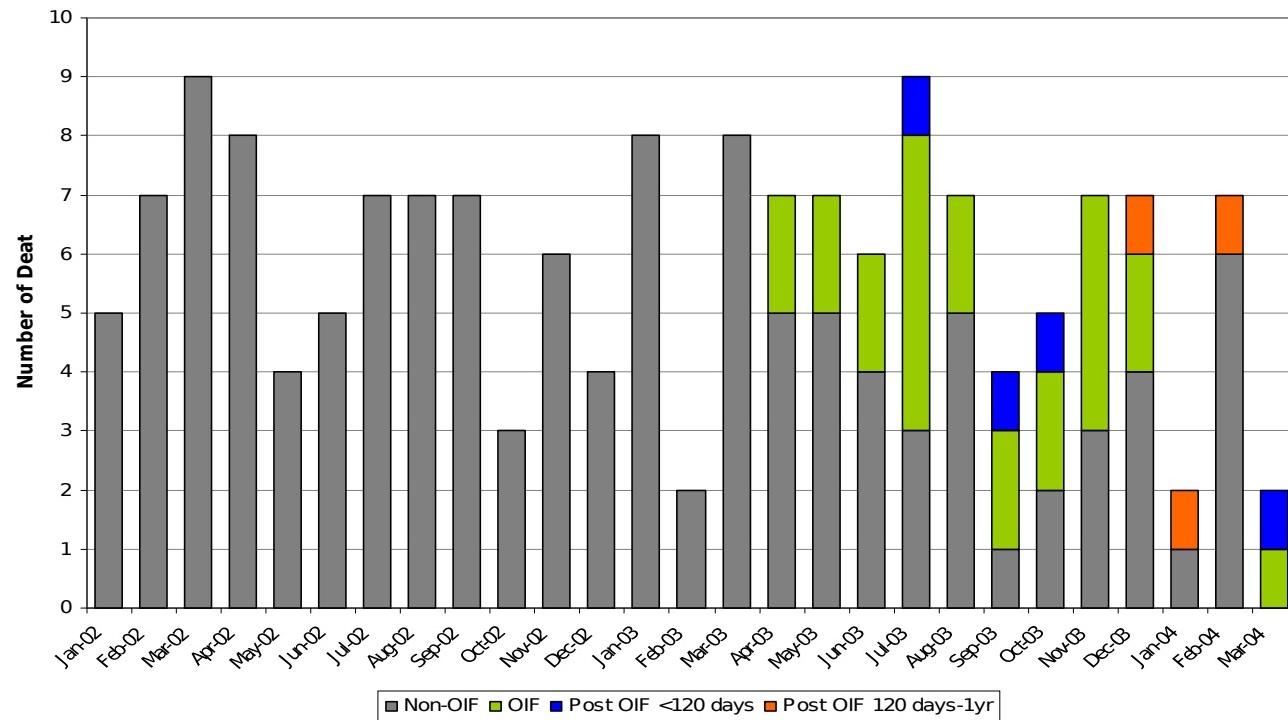
# Suicides over time



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### Army OIF, Post-Deployment and Non-OIF Suicides 2002-2004



		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2004	OIF	0	0	1										1
	All Other	2	7	1										10
2003	OIF	0	0	0	2	2	2	5	2	2	2	4	2	23
	All Other	8	2	8	5	5	4	4	5	2	3	3	5	54
2002	All Other	5	7	9	8	4	5	7	7	7	3	6	4	72

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# Strengths

- Complete capture of in-theater deaths with full autopsy, to include toxicology
- Complete visibility of DoD deaths; medicolegal backing to collect information
- Recent addition of forensic psychiatrist to OAFME staff
- Possible consolidation of “core” data for DoD level suicide analysis



# Available Data

All Active Duty, activated Reserve and NG fatalities, to include suicides, since 1998:

- Demographics, to include unit
- Toxicology on most
- Recent deployment history (Army currently best)



# Registry Limitations

- Difficult to obtain data when deaths occur in civilian jurisdiction
- Delay in “calling” these cases due to lag times for toxicological testing
- Deployment history is at times uncertain, particularly in early stages
- Centralized Registry will facilitate data collection



# ME mission

- Mass casualty support for specimen tracking: 9/11, shuttle, OIF
- Deployment fatality tracking database
- Currently spending approx 2 FTE for ongoing OIF support
  - Specimen and case tracking
  - Admin support (validations, releases)
  - Death certificates
  - Weekly OIF reports